

Please send copy to

Completed by: _____

Human Resources

Date: _____

**DIOCESE OF ALLENTOWN
LAY EMPLOYEE DATABASE FILE**

Social Security No.	Last	First	M.I.
Home Address (Street)		City	State Zip Code
Cell # ()	Birthdate (M/D/Y)	Marital Status	Sex (M/F)
Personal email address:			
<u>Name of Parish/School/Office Where Employed</u>			
Address of Location Where Employed (Street)		(City)	(State) (Zip Code)
Employment Start Date	Position/Job Title		
Full Time _____ # hours/week _____		Part Time _____ # hours/week _____	
<u>Please complete Sections 1-3</u>			
<u>Section 1</u>			
() Hispanic or Latino () White		() Asian () Other _____	
() Black or African American		() American Indian or Native American	
<u>Section 2</u>			
Military Veteran () Yes () No		Military Reserve () Yes () No	
Branch of Service _____		If yes, () Active () Inactive	
<u>Section 3 (Circle the highest year of education)</u>			
Less than 12th Grade		High School Graduate	
Some College/Business School		Vocational/Techincal School	Associate's Degree
Associate's Degree		Bachelor's Degree	Master's Degree
Doctorate Degree		Other _____	

Emergency Contact

<u>Name</u>	<u>Relationship</u>	<u>Home Telephone</u> ()
<u>Name of Work Location</u>		<u>Work Telephone</u> ()

Diocesan Employment History

If you had prior employment within the Diocese of Allentown, please complete the information below:

1) Place of Employment: _____

Address: _____

Employed from: _____ to _____ Number of hours per week _____

2) Place of Employment: _____

Address: _____

Employed from: _____ to _____ Number of hours per week _____

3) Place of Employment: _____

Address: _____

Employed from: _____ to _____ Number of hours per week _____

**Please send a copy of this form to the Office of Human Resources
Fax: 610-439-7693**